ATTORNE	Y OR PARTY WITHOUT ATTORNEY (Name, address and telephone #):	FOR COURT USE ONLY	
STATE BA	R NO: Y FOR <i>(Name):</i>		
SUPER	IOR COURT OF CALIFORNIA, COUNTY OF MARIN		
	ivic Center Drive		
	3ox 4988 afael, CA 94913-4988		
	ONER/PLAINTIFF:		
DECD	ONDENT/DEFENDANT.		
KESPO	DNDENT/DEFENDANT:		
	PROOF OF SERVICE NOTICE OF ADMINISTRATIVE APPEAL	CASE NUMBER:	
	[Government Code § 53069.4(b)(1)]		
	[22.2(4)/(4)]		
	I,, hereby declare that I served the Notice of Adminis	strative Anneal upon the	
	(print name)	strative Appeal apoil the	
	and	by:	
	(name of local agency) (name of couns (check one of the following)	el)	
	(check one of the following)		
	Personally delivering the Notice of Appeal to the address set forth below.		
	Conding by first slage mail the Nation of Appeal to the address out forth below		
_	Sending by first-class mail the Notice of Appeal to the address set forth below.		
	Local Agency		
Ldoolo	re under penalty of perjury and the laws of California that the above is true and correct.		
i decia	e under penalty of perjury and the laws of California that the above is true and correct.		
	ntestant must file the completed Proof of Service form with the court no later than 1 of Appeal.	5 days subsequent to filing	
Date:	20		
	Signature		